NEBRASKA DDD/MLTC WAIVER WORKGROUP: HEALTH AND SAFETY
MARCH 31, 2016

Participants: Pam Hovis, Liz Wollmann, Sherry Jameson, Donna Nickel, Ladonna Shippen, Scott Hartz, Bernie Hascall, Danelle Hayes, Kylie Joyce, Kathy Kay, Denise Kraus, Nancy Leisy, Ellen Mohling, Donna Nickel, Mary Schutt, Sue Spitser, Michelle Waller,Karie Weidner, Rose Wozny, Dr. Stull
Notes Recorder: Kim McFarland
Next Meeting has been cancelled

Agenda:
Welcome
Introductions
Additions to the Agenda? Questions since we met last?
Information Requested at the Previous Meeting

1) Data regarding restraint use in Nebraska
2) Previous NAC Language regarding Restraint
3) Feedback from the Division of Behavioral Health regarding chemical restraint

Appendix G: Sub-Assurances a-d

Topic	Person Responsible	Discussion	Action Item
Information Requested at the Previous Meeting	1)Scott 2) Bernie 3)Bernie	1) Data was shared regarding the use of restraint in Nebraska. It would be much easier to compare Nebraska's use of restraint to other states if Nebraska used the National Core Indicators. 2a) Definition of Behavior Modifying Drugs from the 205 regs dated 04/1995: Discussion from workgroup- This could be an issue of symptom vs. behavior In the past a behavior may have been considered 'bad' rather than a symptom of the mental illness and it was assumed we could 'undo' it. For example: hallucination – may have been told that the person having the hallucination should just 'stop it.' However, this is not something they can control, but is a reaction to the chemical imbalance in their brain. Programs	1) Scott will email the work group the data shared regarding the use of restraint. 2) No action needed.

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		shouldn't be in place to eliminate the symptom, but we can help the individual to control the behavior using their 'tool box' to learn how to cope. Should the HLR Committee review the medications for major mental illness or major medical issues? How can the HLR Committee be most effective? They are not comprised of doctors. • Rather than review the medication, review the rationale for the prescription and document why they aren't in approval • Possible ask for a second opinion – however the problem with this request is that second opinions are often not reimbursed. Dr. Stull from Behavioral Health comments: When someone has some form of psychiatric diagnosis, the symptoms are usually the target of the medication. A treatment plan should be designed that incorporates medication into the plan, then the HLR committee would review if there was something outside the bounds of the norm: • Off label use of a medication • Dosage questions • More than three psychotropic medications prescribed by one or more physicians Otherwise there is too much HLR committee activity when it is not needed. Other discussion regarding medication:	

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		Where would anesthesia for medical procedures fall? Pam Hovis indicated that we would not administer the anesthesia, outside of our scope. Continued discussion: PRN medications for anxiety. Often there is trauma in just going to a medical appointment or dental appointment. • Person centered and discussed in team meetings o How has the individual reacted in the past? o If a sedative is used, should this go to the HLR committee o What about a bite stick for dental apt? What needs to happen in ISP meetings is to review the person's reactions and allow for problem solving by the individual's team. 2b) There are no time limits for physical restraints in the current regulations, but training (MANDT, etc.) addresses this issue. In the current regulations restraints are only to be used in an emergency. Maybe this needs to be moved to a different section in policy? 3) See previous comments above.	
Appendix G – Sub assurance A	Work Group	G a) The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.	Comment: Hard to track something you don't know about. T-logs could be used to search for certain words such as yelling, pushing, shoving, but not all providers use T-logs

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		CMS has asked for additional performance measures to track abuse/neglect as they are looking for safeguards for incidents not reported in the usual manner.	No comments from group on additional safeguards
Appendix G – Sub assurance B	Work Group	G b) The State demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.	Need to revise the narrative, as the state does maintain an incident management system. Need an enhanced complaint system and/or a better description of the complaint system we have in place. No comments from group on additional safeguards
Appendix G- Sub assurance C	Work Group	G c) The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.	We can add that performance measure. Service coordination monitoring tool contains questions related to restraints. Additional questions could be added. No comments from group on additional safeguards
Appendix G- Sub assurance D	Work Group	G d) The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver. CMS has asked that we modify or create performance measures to specify how complaints are handled. The complaint process is in the process of moving from Public Health Surveyors to Service Coordination. Comment: What if the perpetrator is the SC? Is there a hierarchy? Answer from Pam Hovis – this would go straight to APS or law enforcement. Parking lot: Better complaint system for anonymity and follow-up	No comments from group on additional safeguards

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		Note that the Aged & Disabled waiver language is different than DD, this appendix in the DD waiver is dealing with critical events however the DD waiver doesn't differentiate between one type of complaint or another. Comment that APS complaints have to meet a certain criteria – otherwise they are referred back to DD or Medicaid. This sub assurance is new and CMS has provided little help with their technical guide. Comment regarding getting the annual physical on the 365th day of the year when it's not paid for on the 365th day and the 366th day is a Saturday on a holiday weekend. Need some leeway. Response from Pam Hovis: This standard has been changed to within the next calendar year. This change addresses the Medicaid billing issue, Doctors not being available and teams who have forgotten to schedule appointments.	
Next Steps	Work Group	Once language is added it will be posted so that the workgroup can comment on the language. A sample of QI report will be posted and the flow chart provided by APS will be posted	No meeting in two weeks – meeting schedule will be changed on the website and Co-chairs will update the workgroup for future meetings

Considerations for 2017: